

## SECTION 2

### Record Layout

Each POC Release 2.1 record has a predefined record layout. The records are identified and processed based on the Transaction Set ID (DN0001).

The record layout, depending on the record, is either a Fixed Length Record or a Variable Length Record. For POC, the AKP (Acknowledgment Record) and ARP (Re-Acknowledgment) are the only Variable Length Records; all other records are Fixed Length Records.

Each record has a Minimum Record Length and Maximum Record Length and this is defined by the record layout. Each record also has a defined number of Data Elements and Filler Fields.

### POC Records Summary

Record Name	Transaction Set ID (DN0001)	Record Length	Minimum Record Length	Maximum Record Length	Number of Data Elements	Number of Filler Fields
Header Record	HD1	Fixed	87	87	9	0
Insured Record	PC1	Fixed	585	585	40	2
Employer Record	PC2	Fixed	202	202	13	0
Trailer Record	TR1	Fixed	12	12	2	0

### POC Record Descriptions

**Insured Record (PC1) - Transaction Set ID (DN0001):** Identifies insured and policy information. It also contains the Triplicate Code that identifies what action is being performed on the policy and the purpose of the transaction. The Insured Record (PC1) and any associated Employer Records (PC2) records constitute a transaction.

**Employer Record (PC2) - Transaction Set ID (DN0001):** Provides information on the employers covered under a policy. All Employer Records (PC2) are associated with an Insured Record (PC1) that together constitutes a transaction.

**Header Record (HD1) – Transaction Set ID (DN0001):** Precedes each batch of data. It is the first record in every batch. It uniquely identifies the sender, the receiver, the date and time the batch was prepared, whether the batch contains test or production data and the transaction types contained within the batch.

**Trailer Record (TR1) – Transaction Set ID (DN0001):** Designates the end of a batch of transactions. It provides a count of records within the batch. The Trailer Record is used to ensure that the entire batch is complete and valid.

**IAIABC Proof Of Coverage Release 2.1**  
**Header Record Layout**

<i>Grouping</i>	<i>DN</i>	<i>Data Element Name</i>	<i>Format</i>	<i>Length</i>	<i>Beg</i>	<i>End</i>
Transaction	0001	Transaction Set ID	A/N	3	1	3
Sender	0098	Sender ID	A/N	25	4	28
		Sender FEIN	A/N	9		
		Filler - Future Defined Usage	A/N	7		
		Sender Postal Code	A/N	9		
Receiver	0099	Receiver ID	A/N	25	29	53
		Receiver FEIN	A/N	9		
		Filler - Future Defined Usage	A/N	7		
		Receiver Postal Code	A/N	9		
Transmission	0100	Date Transmission Sent	DATE	8	54	61
	0101	Time Transmission Sent	TIME	6	62	67
	0102	Original Transmission Date	DATE	8	68	75
	0103	Original Transmission Time	TIME	6	76	81
	0104	Test/Production Code	A/N	1	82	82
	0105	Interchange Version ID	A/N	5	83	87
		Batch Type Code	A/N	3		
		Release Number	A/N	1		
		Version Number	A/N	1		

**IAIABC Proof Of Coverage Release 2.1**  
**Insured Record Layout**

<b>Grouping</b>	<b>DN</b>	<b>Data Element Name</b>	<b>Format</b>	<b>Length</b>	<b>Beg</b>	<b>End</b>
Transaction	0001	Transaction Set ID	A/N	3	1	3
	0107	Record Sequence Number	N	9	4	12
	0300	Transaction Set Purpose Code	A/N	2	13	14
	0302	Jurisdiction Designee Received Date	DATE	8	15	22
	0334	Transaction Set Type Code	A/N	2	23	24
	0303	Transaction Reason Code	A/N	2	25	26
	0304	Transaction Set Type Effective Date	DATE	8	27	34
Insurer	0006	Insurer FEIN	A/N	9	35	43
	0007	Insurer Name	A/N	30	44	73
	0305	Issuing Office Name	A/N	30	74	103
	0306	Issuing Office Address Line 1	A/N	30	104	133
	0307	Issuing Office Address Line 2	A/N	30	134	163
	0308	Issuing Office City	A/N	30	164	193
	0309	Issuing Office State	A/N	2	194	195
Agency	0310	Issuing Office Postal Code	A/N	9	196	204
	0311	Issuing Agency Name	A/N	30	205	234
	0312	Issuing Agency City	A/N	30	235	264
	0313	Issuing Agency State	A/N	2	265	266
	0314	Insured FEIN	A/N	9	267	275
	0017	Insured Name	A/N	90	276	365
	0315	Insured Address Line 1	A/N	30	366	395
	0316	Insured Address Line 2	A/N	30	396	425
	0317	Insured City	A/N	30	426	455
	0318	Insured State	A/N	2	456	457
	0319	Insured Postal Code	A/N	9	458	466
	0320	Insured Telephone Number	A/N	10	467	476
	0321	Business Market	A/N	1	477	477
	0322	Wrap-Up Indicator	A/N	1	478	478
Policy	0323	Insured Legal Status	A/N	2	479	480
	0028	Policy Number	A/N	18	481	498
	0333	Employee Leasing Policy Identification	A/N	1	499	499
	0332	Minimum Premium Indicator	A/N	1	500	500
	0335	Transaction Issue Date	DATE	8	501	508
	n/a	Filler	A/N	2	509	510
	0029	Policy Effective Date	DATE	8	511	518
	0030	Policy Expiration Date	DATE	8	519	526
	0324	Prior Policy Number	A/N	18	527	544
	n/a	Filler	A/N	12	545	556
	0325	Assignment Date	DATE	8	557	564
Jurisdiction	0004	Jurisdiction	A/N	2	565	566
	0326	Governing Class	A/N	4	567	570
	0327	Total Payroll	N	11	571	581
	0328	Number of Employers	N	4	582	585

**IAIABC Proof Of Coverage Release 2.1**  
**Employer Record Layout**

<b>Grouping</b>	<b>DN</b>	<b>Data Element Name</b>	<b>Format</b>	<b>Length</b>	<b>Beg</b>	<b>End</b>
Employer Segment	0001	Transaction Set ID	A/N	3	1	3
	0107	Record Sequence Number	A/N	9	4	12
	0016	Employer FEIN	A/N	9	13	21
	0329	Employer UI Code	A/N	15	22	36
	0018	Employer Name	A/N	60	37	96
	0019	Employer Address Line 1	A/N	30	97	126
	0020	Employer Address Line 2	A/N	30	127	156
	0021	Employer City	A/N	15	157	171
	0022	Employer State	A/N	2	172	173
	0023	Employer Postal Code	A/N	9	174	182
	0025	Industry Code	A/N	6	183	188
	0330	Number of Employees	N	6	189	194
	0331	Employer Notification Date	DATE	8	195	202

**IAIABC Proof Of Coverage Release 2.1**  
**Trailer Record Layout**

<i>Grouping</i>	<i>DN</i>	<i>Data Element Name</i>	<i>Format</i>	<i>Length</i>	<i>Beg</i>	<i>End</i>
Transaction	0001	Transaction Set ID	A/N	3	1	3
	0106	Detail Record Count	N	9	4	12